



# Family Quality of Life Easy Read



St. Theresa Opportunity Center



易讀版

# Catalogue

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# Directions

1. Look at the classification of topics

我們家人



1 解決問題的能力



3. Look at the text

4. Think about it



2. Look at the picture

5. Check emoji

 Excellent

 Good

 Average

 Fair

 Poor

## • Our family



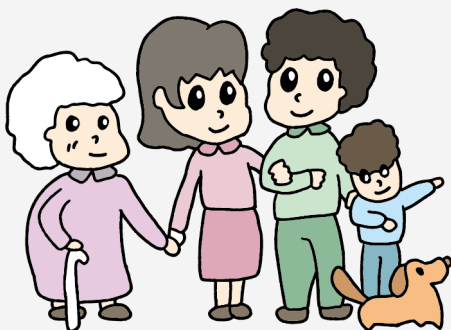
**1** Our family's ability to solve problems together

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**2** The communication within our family

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**3** Our family's relationships with extended family

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**4** The information our family has about our child's condition or disability

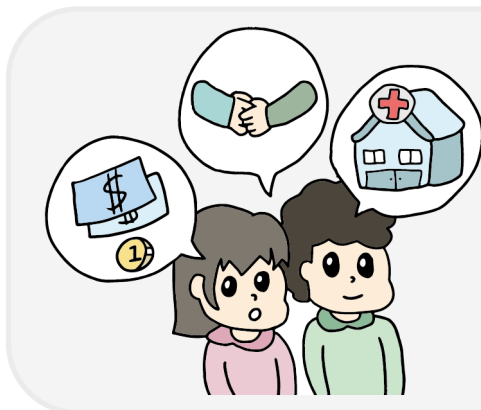
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## • Our family



- 5** The information our family has about child development

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 6** The information our family has about resources, including services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 7** The information our family has about what to do with our child

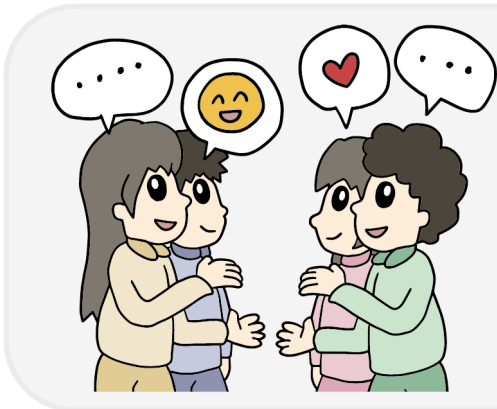
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 8** The alliances our family has, such as with friends and others

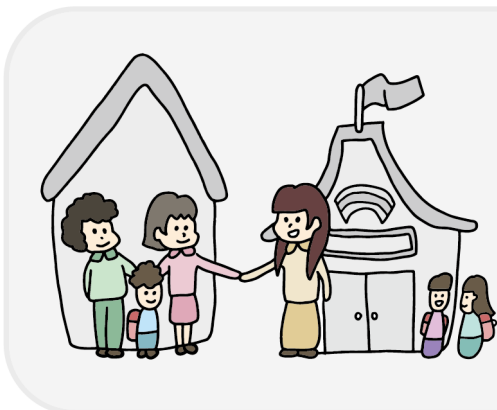
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## • Our family



**9** Our family's socializing with others

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



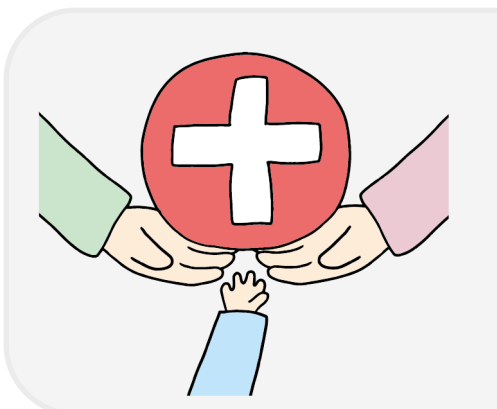
**10** Our family's connections to ASD organizations

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**11** Our family's ability to pay for things

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**12** Our family's access to health care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## • Our family



**13** Our family's knowledge about how children who have ASD learn

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**14** Our family's knowledge about parenting

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**15** Our family's knowledge of what to do when our child engages in difficult behavior

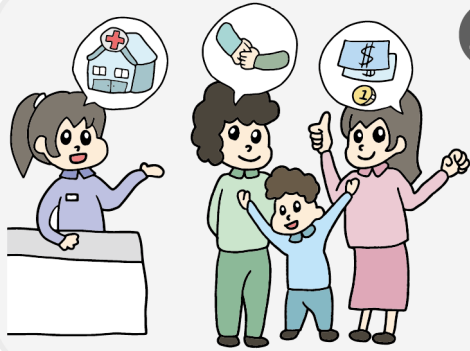
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**16** Our family's time to spend with our child

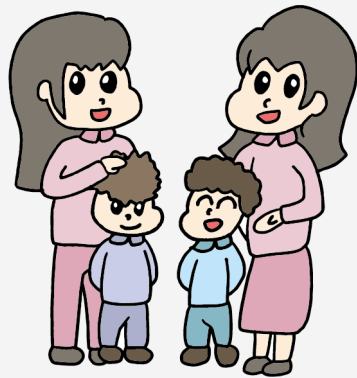
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## • Our family



**17** Our family's access to services for our child

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



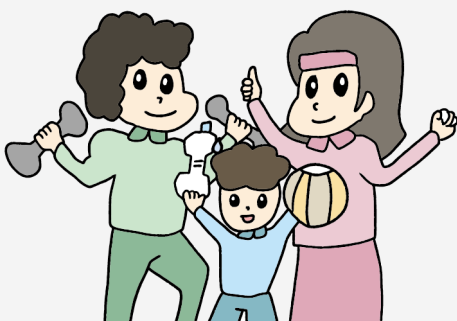
**18** The support available to our family to help our child make friends

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**19** Our family's participation in community events and activities, including outings

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**20** Our family's health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

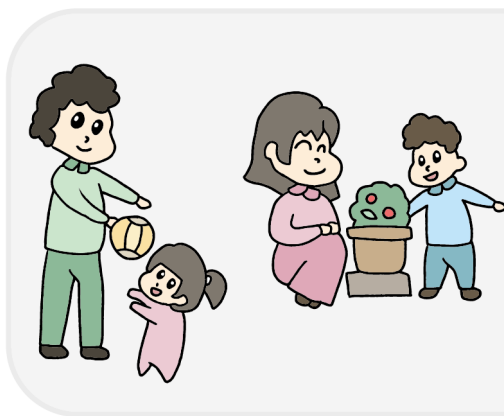


## • Our family



- 21** Employment by at least one adult in our family

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 22** Our family's time to spend one-on-one with each of our children

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 23** The amount of agreement between the adult family members concerning our family's approach to ASD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 24** How welcome we feel in our faith-based community

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Our child



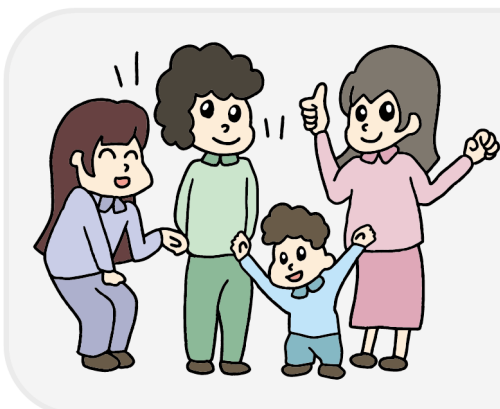
25 Our child's understanding what is said to him or her

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



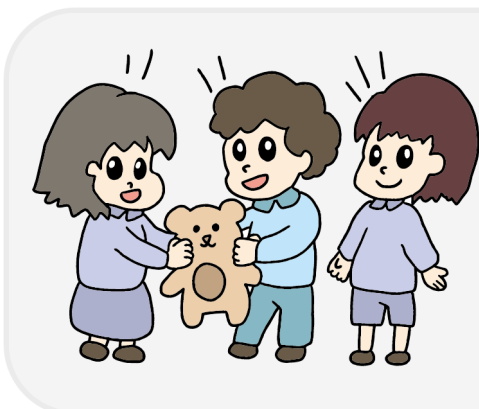
26 Our child's expressing him- or herself

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



27 Our child's getting along with adults

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



28 Our child's getting along with other children

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Our child



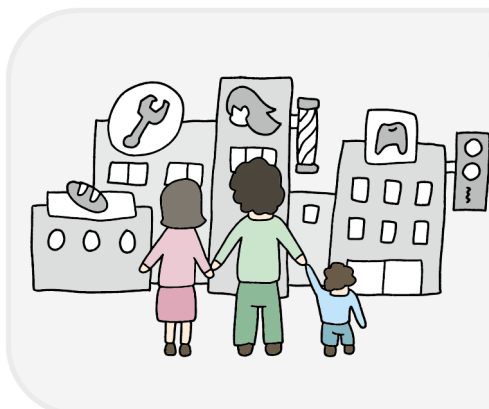
**29** Our child's ability to get along with his/her brother/sister(s)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



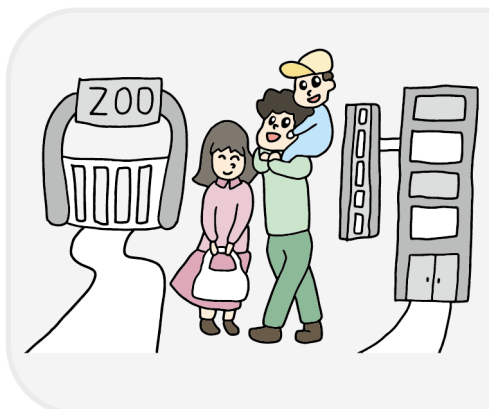
**30** Our child's participating in home routines

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**31** Our family's ability to take our child on routine errands (grocery store, mall, haircut, dentist, doctor, etc.)

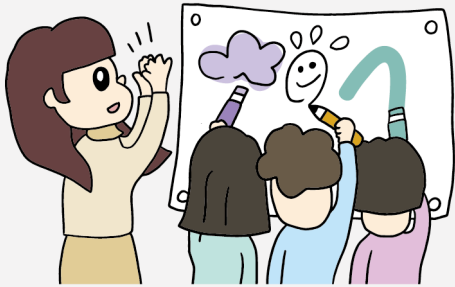
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**32** Our family's ability to take our child on social outings (movies, zoo, library)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## • Our child



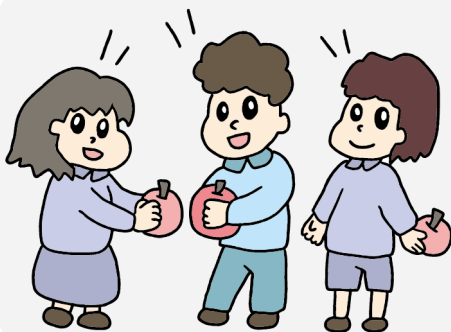
**33** Our child's participating in school or group care activities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



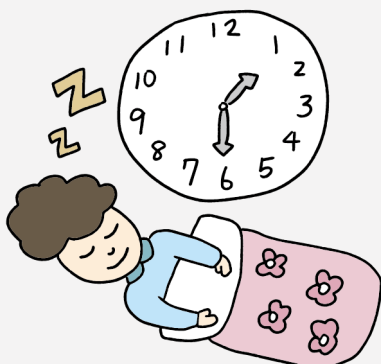
**34** Our child's playing with toys and using objects

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**35** Our child's behaving appropriately

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**36** Our child's ability to fall asleep and stay asleep.

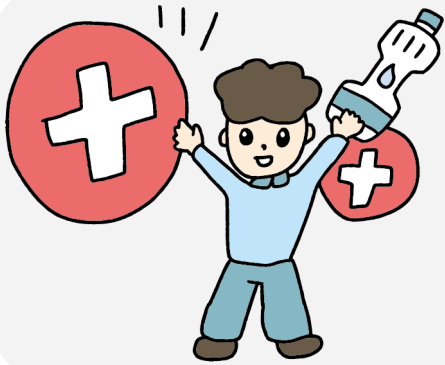
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Our child



37 Our child's independence

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



38 Our child's health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



39 Thinking about your family's overall life situation now, would you describe it as

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



40 Thinking about your child's overall life situation now, would you describe it as

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## ● 作者的話

### A message from the Author

Family quality of life is the goal of early intervention birth through 5 years of age. In the Routines-Based Model, we aim for this goal by building caregivers' capacity to provide intervention in the child's and family's everyday routines. We understand that family quality of life consists of families' perceptions of their access to information, their family relationships, their perceptions of the child's functioning, and their overall well-being. The FaQoL Easy Read makes measurement of family quality of life accessible to most families, with its visual format. Now, all families should have a version that helps them rate their FaQoL! In turn, that helps early intervention professionals target their supports at what really matters to families.

Robin. A. McWilliam

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家庭生活品質是0-5歲早期療育的目標。作息本位模式藉由建立照顧者在兒童和家庭日常生活作息中的執行能力來落實此目標。我們了解到，家庭生活品質包括家庭對獲取資訊的看法、其家庭關係、對孩子功能狀態的看法以及他們的整體福祉。FaQoL 易讀版的視覺編排使多數家庭可運用家庭生活品質的評估。現在，所有家庭都有一個可以幫助他們評估FaQoL的版本了！相對的，這也有助於早期療育專業人員找出什麼才是對家庭真正重要的支持。



Robin. A. McWilliam

## ● 德蘭易讀小組後記

### 審查員的話

有了這本易讀手冊，就能夠解決家庭生活的問題，而且可以和大家一起參與易讀，很開心。

### 編輯小組的話

很感謝有機會，我們與青年、家長彼此支持，一同討論與分享看法。透過每一次的交流合作，完成不同易讀的作品，期盼逐漸實現資訊平權，讓每個人都可以在社區中自在生活。



## Special thanks to Robin

特別感謝 Dr. McWilliam同意德蘭團隊開發並運用FaQoL易讀版；同時FaQoL台語易讀版因為有台中教區瑪利諾會語言服務中心的協助，才能順利完成。編輯小組也要特別在此向黃靄雯老師致敬，感謝他將作息本位模式引入台灣。



## Respect to Ai-wen





## ● 家庭生活品質 (易讀版)

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reference of the  
Chinese translation

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2025 (愛您愛我)



官方網站



德蘭LINE



FACEBOOK



線上愛心捐款

